



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE Policy Manual

**Section: CFC/PAS PERSON
CENTERED PLANNING**

**Subject: Personal Emergency
Response System**

Reference: 37.40.1001, 37.40.1026, 37.40.1110, 37.40.1135

DEFINITION

The Personal Emergency Response System (PERS) is an electronic, telephonic, or mechanical system used to summon assistance in an emergency situation. The system alerts medical professionals, support staff, or other designated individuals to respond to a member's emergency request.

SERVICE REQUIREMENT

Providers of PERS must be enrolled as a Community First Choice (CFC) Medicaid provider.

SERVICE LIMITATIONS

Reimbursement is not available for the purchase, installation, or routine monthly charges of a telephone or cell phone under this service. Reimbursement is not available for the purchase of a PERS unit or accessories.

PERS is only available as a service option for members receiving CFC services. PERS is not a service option for members receiving Personal Assistance Services (PAS).

➤MOUNTAIN PACIFIC QUALITY HEALTH ROLE

Mountain Pacific Quality Health (MPQH) completes the initial assessment for PERS. If a member is eligible to receive PERS the MPQH Service Profile (SLTC-155) will indicate that PERS is an authorized service.

➤PLAN FACILITATOR ROLE

1. The role of the Plan Facilitator in overseeing PERS includes the following:

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- a. Confirm with the member that the PERS system has been received and is set up and functioning;
 - i. If the member has not received the unit the Plan Facilitator will create an action item to confirm and document receipt of the unit;
- b. Encourage the wearing of pendants on a constant basis;
- c. Encourage the member to test their PERS system on a monthly basis to ensure they are operating correctly;
- d. Remind the member that the PERS equipment is distributed on a rental basis and it is the member's responsibility to care for and return the PERS equipment to the provider at the end of PERS services. Members may be held responsible for equipment that is not returned at the end of PERS services;
- e. Assist the member in contacting the PERS provider when problems arise; and

NOTE: CFC will not pay for the replacement of PERS equipment which is damaged, lost or stolen.
- f. Re-assess the member's on-going need for PERS.

2. The Plan Facilitator must contact the CFC/PAS provider agency and request that the agency submit an amendment to MPQH to remove the PERS authorization from the member profile when the Plan Facilitator determines that the PERS service is no longer appropriate or the member chooses to no longer accept the PERS service.

➤ROLE OF THE CFC/PAS PROVIDER AGENCY

1. The CFC/PAS provider agency is responsible for completing an amendment request to MPQH whenever there is a need to change the PERS authorization. The need for a change in PERS authorization may be identified in the following circumstances:
 - a. The Plan Facilitator notifies the agency of a change in

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the member's PERS authorization; or

- b. The CFC/PAS provider agency identifies that there is a need for a change in the member's PERS authorization.
2. Prior to completing the amendment request the CFC/PAS provider agency must communicate with the Plan Facilitator to confirm the request. The CFC/PAS provider agency should document communications with the Plan Facilitator in case notes.
3. If the CFC/PAS provider agency and Plan Facilitator are in disagreement about the amendment request the provider agency should contact their Regional Program Officer.

SERVICE AUTHORIZATION

In order to qualify for PERS services, the member must have PERS authorized on the MPQH Service Profile. In addition, the member's Plan Facilitator must complete the CFC PERS prior authorization process.

Big Sky Waiver (BSW) Program and Serious Disabling Mental Illness (SDMI) Case Managers are responsible for completing prior authorization activities for PERS as Plan Facilitators for their CFC members and generating a prior authorization number through Xerox.

CFC Provider Plan Facilitators will manage the prior authorization process for their members and submit the Prior Authorization Request (SLTC- 240) to MPQH to generate a prior authorization number.

PRIOR AUTHORIZATION PROCEDURES FOR BIG SKY AND SDMI CASE MANAGERS

The Case Manager Plan Facilitator must submit a request for a prior authorization number for CFC PERS to Xerox and fax a CFC PERS Referral Form (SLTC-241) to the PERS provider. Refer to the Conduent prior authorization manual for instructions to create, change, or deny prior authorizations. Questions about prior authorization should be directed to Conduent Provider Relations at 1-800-624-3958. Refer to CFC/PAS 930 for a sample CFC Referral Form.

The role of the Case Manager Plan Facilitator in authorizing PERS includes the following procedures:

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1. A PERS Referral Form should be submitted upon completion of the member's CFC Person Centered Planning (PCP) Form (SLTC-200). If a member was previously receiving PERS through the BSW waiver program the Case Manager Plan Facilitator must:
 - a. End-date the waiver prior authorization;
 - b. Create a new prior authorization for CFC PERS including a new prior authorization number and new PERS authorization date span; and
 - c. Submit a new CFC PERS Referral Form to the PERS provider documenting the change from waiver to CFC.

NOTE: The PERS provider ID must change from the BSW waiver provider ID to the CFC provider ID.

2. Prior authorization for PERS must be renewed every 365 days. After completion of the CFC annual PCP Form, the Case Manager Plan Facilitator must submit an updated prior authorization to Conduent and referral for PERS.

NOTE: Plan Facilitators must re-authorize PERS services on the first day of the month and terminate services on the last day of the month to avoid a double billing situation.

3. A new prior authorization must be completed anytime the member chooses to change PERS providers.

NOTE: Plan Facilitators should ensure the member understands the risk of not having PERS services during the transition from one CFC PERS provider to another CFC PERS provider. If the member does not have a viable backup plan in place during the transition, a Risk Negotiation Form (SLTC-230) should be completed. Refer to the CFC/PAS 914 policy manual for more

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information.

4. PERS reimbursement must be removed from the waiver cost sheet once the CFC PERS prior authorization is complete to avoid duplication of claims billing.
5. CFC PERS must be reflected in the member's Waiver Service Plan under the "Other Services and Informal Support Systems" section.

PRIOR AUTHORIZATION PROCEDURES FOR CFC PROVIDER

The role of the CFC Provider Plan Facilitator in authorizing PERS includes the following procedures:

1. CFC Provider Plan Facilitator completes the PCP Form (SLTC-200) in its entirety and provides choice of PERS providers.
2. CFC Provider Plan Facilitator completes the PERS Prior Authorization Request (SLTC-240) and fax to MPQH. Refer to AB-CFC/PAS 930 and SD-CFC/PAS 930 for form instructions.
3. MPQH enters the prior authorization and returns the prior authorization number to the CFC Provider Plan Facilitator.
4. CFC Provider Plan Facilitator completes the CFC PERS Referral Form (SLTC-241) in its entirety and mails or faxes it to the PERS provider chosen by the member. Refer to AB-CFC/PAS 930 and SD-CFC/PAS 930 for form instructions.

NOTE: The PERS provider bills the service through Conduent using the prior authorization number provided on the CFC PERS Provider Referral Form.

5. Prior authorization must be renewed every 365 days.

NOTE: Plan Facilitators must authorize PERS services on the first day of the month and

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terminate services on the last day of the month to avoid double billing of claims for PERS services.

6. A new prior authorization must be completed anytime the member chooses to change PERS providers.

NOTE: Plan Facilitators should ensure the member understands the risk of not having PERS services during the transition from one CFC PERS provider to another CFC PERS provider. If the member does not have a viable backup plan in place during the transition, a Risk Negotiation Form (SLTC-230) should be completed. Please refer to section 914 in the CFC policy manual for more information.

7. MPQH will return the renewed prior authorization to the Plan Facilitator. The CFC Provider Plan Facilitator must notify the chosen PERS provider. The CFC PERS provider will bill Medicaid for the appropriate reimbursement.
8. If a member discharges from CFC services and does not switch to another CFC agency the CFC Provider Plan Facilitator must submit a CFC PERS Prior Authorization Request Form to MPQH to end-date the PERS prior authorization. If the member is switching agencies (i.e. Plan Facilitators) the Plan Facilitator must share the PERS Referral Form with the new Plan Facilitator (see below).

TRANSITION OF PERS PRIOR AUTHORIZATION BETWEEN PLAN FACILITATORS

It is the responsibility of the previous Plan Facilitator to share the PERS documents with the new Plan Facilitator. The new Plan Facilitator does not have to complete a new PERS prior authorization and CFC PERS Referral until the existing authorized date span has ended.

The new Plan Facilitator is responsible for tracking the date span of the existing CFC PERS prior authorization. Prior to the PERS prior authorization expiration, the Plan Facilitator must complete a new prior

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authorization to ensure that there is no lapse in PERS service for the member.

PROCEDURE CODES AND BILLING

Current maximum allowable PERS rates are listed in the fee schedules on the Montana Medicaid Provider Information web site:
<http://medicaidprovider.mt.gov>.

NOTE: CFC PERS rates should be no more than the “market rates” charged to non-Medicaid individuals obtaining PERS services.

Agency Based CFC/PAS PERS services do not require the use of a modifier. Self-Directed services will utilize a U9 modifier.